

The General Medical Council (GMC) in the UK has had its troubles over the last few years. It receives few plaudits from either the profession or the public, and medical scandal usually occasions a media field-day. Our **Editorial** is written by our Vice-President, Roger Smith, who gives us an insight into how the GMC tries to investigate accusations against doctors while being fair to accusers and accused. He reviews the structures which aim to promote fairness, and notes that many fair-minded and hardworking people work for this organisation. Maybe we should make sure we have something better in mind before we pull the GMC down.

General Medicine begins with Behind the Medical Headlines which reviews two subjects which have caused considerable media interest over the last few months. Dhaun and colleagues look at the unhappy history of the discovery that Cox-2 inhibitors predispose to myocardial infarct and stroke when give long term. They suggest why this should be, how to prevent such occurrences, and whether the drugs should be used in future. Yuen provides an authoritative background to the smouldering threat of avian influenza which could cause a world influenza pandemic.

Clinical Opinions considers two problems in clinical medicine and one of clinical training. Mugunthan wonders about ANA-negative lupus and notes that using the ANA test to exclude SLE is a good way of missing ANA-negative cases, and giving corticosteroids and suppressing ANA may create them. Trouton agrees that intensive statin therapy after acute coronary syndromes is justified, but he questions whether the results are as good as reported, points to frequent side-effects, and wonders if trials help much with patients having less clear-cut or mixed lipid abnormalities. Macleod considers how more competent specialists can be produced quickly while avoiding future medical scandals. The UK is developing a time-limited, competency-based system for specialist training, but we may end up producing competent technologists rather than expert mature practitioners.

Two papers consider Lyme disease in Scotland, and central vein stenosis in chronic renal failure. Mavin *et al.* found that Lyme disease rates depend on more than *B burgdorferi*. A warm wet January to March, aiding tick survival, and a dry warm April to July, bringing humans into the countryside, increase infection rates, whilst legal restriction on access to the countryside reduces infection. Koh and Tan studied 127 patients on chronic haemodialysis who required central vein catheterisation and found that left internal jugular vein catheterisation produced central vein stenosis in a half of patients.

Medford *et al.* produce an Image of the Quarter to remind us that rounded atelectasis can easily be mistaken for a malignant tumour in patients with asbestosis and lead to unnecessary invasive treatment.

Occasional Communications include articles on malingering, and voting for appointment committees. Wood reviews an important book on malingering, a

condition which has been downplayed for some time, and discusses the complex circumstance in which malingering occurs. Welsby considers how voting procedures can influence the outcomes of committee decisions.

CME considers Diabetes and Endocrinology. Long-term vascular complications of diabetes mellitus blight the lives of many patients, but we should remember that insulin is a life-saving drug. Dallas reminds us that Sir Norman Walker, a past Treasurer of our College, was one of the first patients whose life was saved by insulin. Pearson then reviews the problems of type I diabetes in pregnancy as outcomes in diabetic patients are not as good as in the non-diabetic population. He stresses good glycaemic control, increased awareness of hypoglycaemia and ketoacidosis, blood pressure control and delivery in hospital. Marshall and Fisher address the long-term control of plasma lipids in the prevention of vascular complications of diabetes, and conclude that all diabetics aged over 40 years should be given a statin. Kelnar and colleagues consider the use of growth hormone (GH) and emphasise the conditions for which GH is licensed in the UK. They remind us that growth is not determined by GH below the age of two years and thereafter diagnosis requires tests done by experienced staff and MRI imaging of the pituitary. Sommerfield and Patrick review hyperprolactinaemia, the most common pituitary abnormality. They emphasise clinical presentations, the differentiation of micro- from macroprolactinomas, and treatment with dopamine agonists. Surgery is rarely needed. Aoulosleiman then concludes our CME section with a review of the St Andrew's Day Symposium in December 2004 on Geriatric Medicine.

Medical History publishes three papers reminding us of the energy, ability, and character of our medical forebears. Few would likely want to exchange eras with them, but many will ponder how narrow and restricted our 21st-century professional lives are by comparison. Howard describes the life of the orphan-herdsman, John Hutton, first Treasurer of our College, whose life included being Court Physician to King William III after the 'Glorious Revolution' of 1688, an MP, and a spy in Germany. Doyle recalls the amazing number of Scots doctors who achieved positions of power and influence with the 18th-century Russian Czars. Boyd then describes a 19th-century Scots medical family. Five Coghill doctors, all within one century, again raises the old question of the place of inheritance and environment in the choice of profession. Beveridge gives a riveting account of the contrasting views of a patient in a Scottish mental hospital and of the hospital authorities at the beginning of the 20th century. Beveridge steers a considered course between these accounts, but any reader tempted to dismiss the patient as a 'raving lunatic' should ponder our more recent misuse of electroconvulsive therapy and our current worries about the proper use of anti-depressant drugs. Finally, all our history papers come from Scotland. We are a global College, and I would encourage papers on medical history from other parts of the world.